

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mike Mull
P O Box 279
Rockford, AL 35136

07cv974 C & OP

2. Article Number
(Transfer)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Shelia Thomas

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Shelia Thomas

C. Date of Delivery

11-0-01

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 1490 0000 0026 6879

Domestic Return Receipt

102595-02-M-1540